WHEN THE UNEXPECTED HAPPENS

· FIRST AID ·

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Life Conservation Service of the

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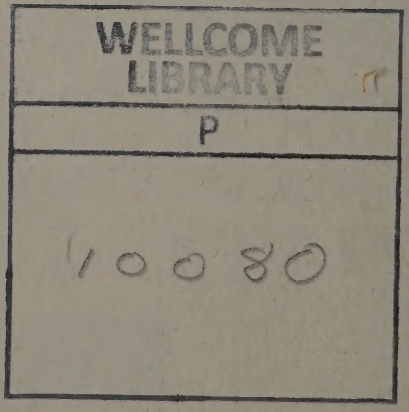

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WHEN THE UNEXPECTED HAPPENS

If you should cut and bruise your knee badly in a fall, would you wash the wound with soap and water, or would you clean it with rubbing alcohol before applying iodine and a compress?

If you entered a room to find a member of your family unconscious upon the floor, would you prop him up to pour a stimulant down his throat, or stretch him out flat and hold smelling salts near his nose?

If you came upon a stunned motorist pinned beneath an overturned car, would you try to drag him out from under it, or would you first get help in raising the automobile?

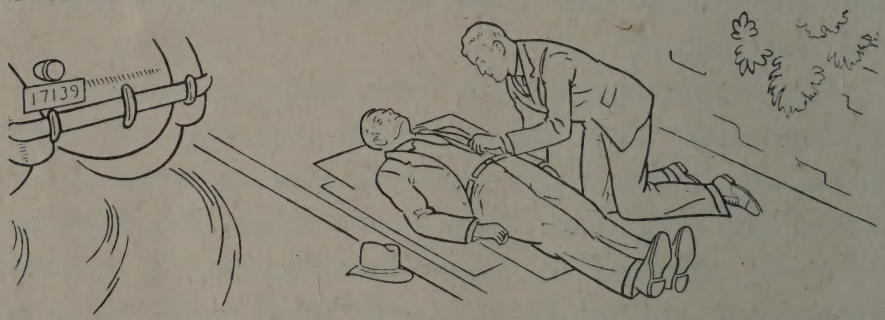
The action you take in these and the many other emergencies, with any of which you may be faced some day, may mean the difference between a life saved and a life lost. Your own welfare, too, may be seriously affected by your decision. So, it is most important that you know exactly what to do, *and what not to do*, when the unexpected happens.

Do These Things First

Whether at home or in a public place, the person who proposes to give first aid in an accident must tact-

fully but firmly take charge. If he knows what to do and goes about it confidently, well-meaning bystanders are not likely to interfere and cause further harm to the victim.

Get a clear picture of the whole situation: the condition of the patient, the position in which he is found, the possibility of added injury, and the likelihood of exposure to cold or dampness. If the person is unconscious but apparently uninjured, think first of apoplexy. If that is a likely condition, cover the patient to keep him warm and see that he is safe from injury *but do nothing else.* Wait with him until the doctor arrives. If you are sure the person has been injured, then make a brief examination, looking first for bleeding or for broken bones.



Move the injured person only if necessary to get him out of new danger; keep him lying flat while the examination is made, and keep him warm; if he vomits, turn his head so that the matter will not be drawn into the windpipe.

If you find no serious bleeding or badly broken bones which must have immediate care, attend to the prevention of shock. Meanwhile, send someone to call a

physician or an ambulance, making sure that the exact location of the injured person is given. Then have the person's family notified.

Immediate Treatment for Shock

SHOCK is present more or less in all serious accidents. It is the condition in which the normal activities of the body are in a depressed state. The signs which come first to one's notice are: a cold, clammy skin, listlessness, general dulling of all sensibility, weak and rapid pulse, and irregular, gasping breath.

In shock there is an insufficient supply of blood for the brain and the heart. This may be due to the fact that the great blood vessels deep in the abdomen are relaxed and distended, allowing the blood to stagnate there. The logical thing to do then is to place the patient in a position so that gravity will help the flow of blood to the brain. *Lay the patient on his back with his head low.* Do not put a pillow under the head of a patient in shock. Above all, do not attempt to help the patient to sit up.

Keeping the patient warm is equally imperative. Protect him from dampness with layers of newspapers, either alone or folded into a blanket. If the weather is cold, it is wise to place newspapers under, or between the folds of, the material thrown over the patient. Whatever protection is used, be sure to keep him

warm; if necessary, apply external heat. Put hot water bottles at the sides and limbs; bricks, or any metal or stone objects, may be heated and used as a substitute. It is easy to burn a patient who is in shock, so it is important to wrap the heating object in newspapers or cloths and to inspect the heater frequently.

Never try to pour liquids down the throat of an unconscious person. Aromatic spirits of ammonia doused upon a handkerchief or smelling salts placed near the patient's nose may be used to help bring him back to consciousness. When the victim revives, a scant teaspoonful of aromatic spirits of ammonia in a half glass of water is the most satisfactory stimulant for shock. This can be safely repeated in a half hour, if needed. Coffee and tea are also good stimulants. Give the coffee or tea as hot as it can be taken with a spoon until a cupful has been swallowed. This may be repeated every half hour if, and as, needed.

Shock results from the injury itself, but fear or other strong emotions may make it worse. Therefore, it is important to cheer the patient and to reassure him in every way possible. The sight of his own injury may be an important factor in aggravating the condition.

Danger of Infection

THE nature of the first aid given to serious wounds materially helps, or greatly complicates, the medical

treatment the doctor will give later. In the treatment of minor injuries, for which the aid of the physician may not be sought, scrupulous care is important.

Whether the wound is serious or slight, there is always the possibility of infection. Any break in the skin or mucous membrane, however small, may cause trouble, for whenever this protective covering is broken, germs may enter the wound and cause inflammation. The first signs are swelling, redness, sensitiveness, and the formation of pus. The germs that cause blood poisoning are ever present and may get into the wound no matter how small it may seem.

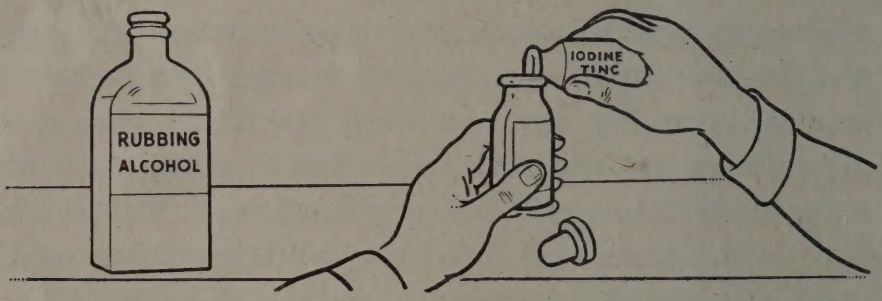
Though germs always may gain entrance, all untreated wounds do not become dangerously infected because bleeding tends to wash out the germs, and because the healthy body has power in some degree to resist their invasion. The safe thing to do, however, is to take proper care of each wound, no matter how small, as soon as it occurs.

Treatment of Slight Wounds

THE loss of blood from minor cuts and lacerations is not serious and therefore bleeding may be permitted for a while. It may help to wash out some of the invading germs. If dirt has been rubbed into the wound, it may be cleaned with rubbing alcohol, using a piece of sterile gauze or perfectly clean linen. Gasoline of

good grade may be used to wash out grease; do not use "ethyl" gasoline.

If rubbing alcohol is not available and soap and water have to be used, as they might in the home care of minor injuries, the water should first be boiled and should be still hot. The soap should be mild and clean. As there is always danger of washing germs into the wound, soap and water should not be used in outdoor treatment, as upon playgrounds, and in all other conditions except where boiled water is available and time and scrupulous care can be given to the treatment.



To make iodine solution, take ordinary "tincture of iodine" which is a 7% solution, and add an equal amount of "rubbing alcohol" (medicated grain alcohol) making the solution 3½% strength. It should be kept preferably in a glass or rubber stoppered bottle, so that it will not evaporate.

After the abrasion has been cleaned out and allowed to bleed, it should be dried thoroughly with sterile gauze. Fresh iodine solution (half strength, or 3½ per cent) should then be painted on and about the cut, allowed to dry, and a sterile compress applied with

the same care and in the same manner as is outlined later in the treatment of serious wounds.

If minor cuts are to be treated without the services of a physician, they should be inspected whenever the dressings are changed, which should be done frequently. At the first sign of infection, a physician's help should be sought.

First Aid in Severe Wounds

THE directions that follow assume that the first aid material is available as needed. If the unexpected accident occurs where the materials suggested cannot be obtained, one must use his best judgment in employing substitutes. The aim should be to avoid additional contamination or unnecessary injury to the patient.

In giving first aid care in cases of severe wounds which are later to receive medical treatment, do not use soap and water, for, as has been said, this cannot be done under the conditions in which this first aid is usually carried out without introducing germs with the water itself. If the physician later washes the wound, he will do so in the dispensary under aseptic conditions, and this is medical treatment, not first aid. It must not be forgotten that first aid is not the same as medical care, and no matter how well versed one may be in first aid, he should not assume the responsibilities of the physician.

If the wound is contaminated with dirt, it may be washed with rubbing alcohol, always rubbing away from, not toward, the wound. If grease is ground into the wound, it may be washed out with any high-grade gasoline (not "ethyl").

If the blood flows steadily (does not come in spurts) from the wound, allow the bleeding to continue for a few minutes, then dry it with a piece of sterile gauze and apply half-strength iodine solution well into the wound and paint it on the skin for a distance of an inch about the wound. A dab of sterile cotton wrapped about the end of an applicator stick or match may be used for this purpose. Let the iodine dry. If the wound is covered with a compress while the iodine is still wet, blistering may take place. When it is dry, apply a sterile compress and bandage firmly.

If it becomes necessary to treat the wound a second time before a physician arrives, do not disturb blood clots that may have formed and do not tear away any part of the compress that is stuck to the wound. Do not reapply iodine to the wound for it may burn the skin.

Bleeding from Veins

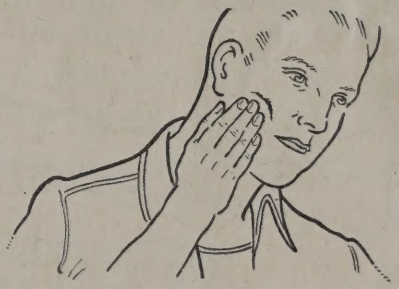
BLOOD from veins is bluish red in color and flows steadily, not in spurts. To stop it, elevate the bleeding part above the level of the body, unless it is a broken limb, and loosen any tight clothing between the wound and

the heart. Apply pressure with the fingers along the side of the wound away from the heart until material for the bandage can be obtained.

Bleeding from a vein can be controlled as a rule by placing a compress over the wound and bandaging snugly but not too tight. Continue the finger pressure on the side away from the heart if the bleeding is severe.

It is important to stop very severe bleeding quickly whether from a vein or an artery, for the loss of a large quantity of blood is serious; over a quart may be fatal.

For bleeding from veins press hard with the fingers on the side away from the heart.



When an artery bleeds, the pressure should be applied on the side toward the heart.

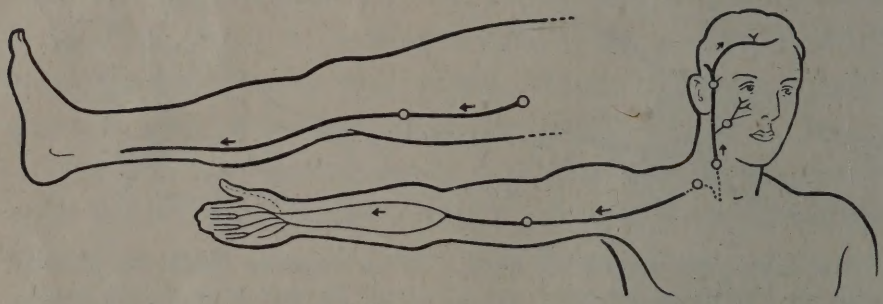
Bleeding from Arteries

If the blood is bright red in color and comes in spurts, an artery has been cut. Remove enough clothing so that the extent of the wound can be seen; then apply pressure. Press hard with the tips of the fingers at one of the seven points where the main arteries lie close to

the bone, as shown in the accompanying illustration.

If finger pressure is hard to maintain and the injury is to one of the limbs, it may be necessary to apply a tourniquet. A tourniquet is a flat band encircling the limb. A rope or cord should not be used, for the band should be at least an inch wide; a necktie, a stocking, or a handkerchief will do.

A firm pad, such as a roll of bandage or paper (not a stone), should be placed over the artery under the tourniquet. Wrap the material twice around the limb, if possible, and tie in a knot. Place a short stick on the knot and tie again over it. By twisting the stick,



The main arteries most likely to be severed are indicated in this diagram. The circles indicate the points where pressure with the finger tips will stop bleeding from cuts which are farther away from the heart.

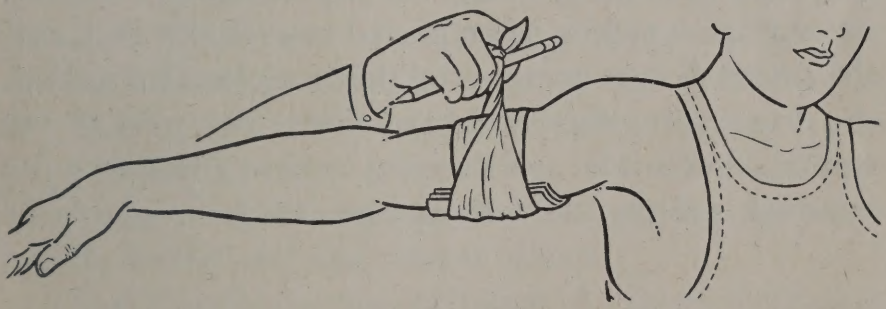
the tourniquet is tightened and the pad pressed upon the artery. *A tourniquet is a dangerous appliance and should be used only if the bleeding cannot be stopped by finger pressure.*

Great care should be taken not to tighten the tourniquet more than is necessary, for if it cuts off all the

blood for any length of time gangrene may set in. Therefore, it is important that the tourniquet be loosened at least every fifteen minutes. Do not remove it. If bleeding persists, allow the blood to spurt five or six times, then tighten the tourniquet again. If the blood does not begin to spurt, do not tighten the tourniquet.

How to Apply Dressings

THE dressing is the material applied directly over the wound. Sterile gauze is the best material and should always be used if it can be obtained. The ordinary dressing supplied in first aid kits and for first aid service is surgically clean cotton goods heated to kill all germs and packed while sterile in individual paper packages.



The tourniquet should be applied only to the arm as shown here or to the leg about a handbreadth below the groin, always on the side toward the heart. Do not twist harder than is necessary to stop bleeding, and be sure to release at quarter hour intervals.

If sterile gauze compresses are not at hand, then a perfectly clean linen handkerchief which has been ironed with a scorching hot iron is the best substitute. Do not use absorbent cotton directly over a wound, for it will stick and be hard to remove.

After the wound is painted with iodine solution and allowed to dry, lay a sterile compress on it. Hold in place with adhesive or a bandage. Be sure that the latter is not too tight. Wounded parts swell, and this may cause the bandage to tighten.

In applying the dressing, the fingers should not touch the surface which is to be placed next to the skin, and the adhesive tape or material that may be used to hold the dressing in place must not touch any part of the wound. Preferably, the dressing is held in place by a bandage, which, itself, should be clean.

Immediate Treatment of Burns

BURNS that are slight and in which the skin is not broken are not dangerous from the standpoint of in-

fection. Hence, the purpose of the treatment is relief of pain. Any clean ointment which relieves the discomfort, such as a thin paste of bicarbonate of soda in water, or vaseline and baking soda mixed into a paste, or carron oil may be used. Smear the ointment over the burned area and cover with a piece of gauze. Sunburn, if severe, may be treated in the same way.

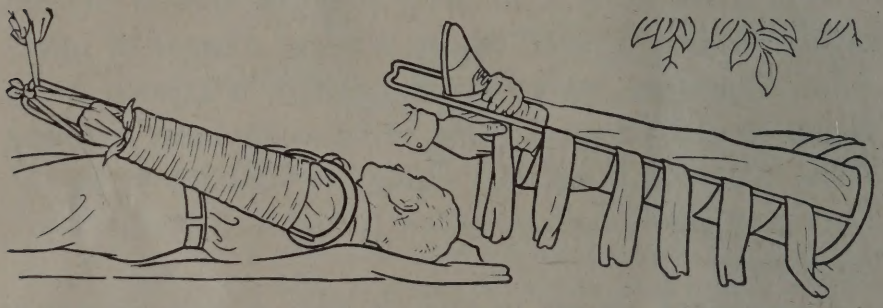
When the burn is so deep that the skin is broken or the flesh is injured, there is great danger of infection. Therefore, only material which is known to be sterile should be used. First, remove the loose clothing from over the burn, but cut away and leave on the burn any parts that are stuck to the skin and difficult to remove.

Picric acid gauze is one of the most satisfactory dressings, but this is usually obtainable only in first aid stations and dispensaries. When it is not available, use a sterile gauze soaked in 5 per cent tannic acid solution. If this is not obtainable, the gauze may be soaked in water containing one tablespoonful of baking soda or two tablespoonfuls of Epsom salts to a pint of water which has been boiled and cooled. These dressings must be kept moist by pouring on more sterile water until the doctor comes.

Do not apply tincture of iodine to a burn and do not use absorbent cotton over it. If the burn is severe, and especially if the patient develops a fever, it is important that the physician be summoned without delay.

First Aid for Broken Bones

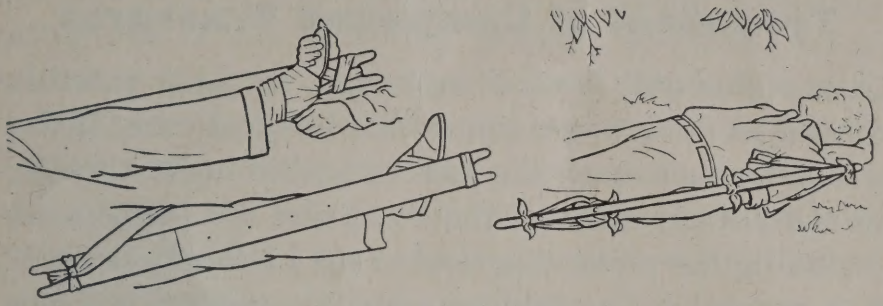
WHEN a bone is broken and there is a break through to the surface of the skin at the point of fracture, it is called a compound fracture. If the bone is broken but there is no open injury to the flesh and skin above it, it is called a simple fracture. The term has no reference to the number of breaks in the bone.



If modern splints are obtainable, stretch the limb gently, then bind as indicated. Be sure the circulation is not cut off by tight bandages.

Great care should be exercised in examining a person for broken bones, for unskillful handling may make the injury worse. When examining the patient, compare the part where the break is suspected with the corresponding limb and run the fingers gently over the suspected point, so that any unevenness may be felt. If a fracture is found, send immediately for a doctor and do not do anything except make the patient comfortable until he arrives, with the possible exception of returning the broken limb as nearly as possible to its normal position.

If the patient has to be moved, apply a splint, but do not attempt to set the bone and do not apply the splint unless it is necessary to move the patient. The purpose



If modern splints are not obtainable, substitute thin flat boards, slightly longer than the broken limb. Pad the splint, bind and stretch the foot or arm and draw gently toward the end of the splint. Then bandage.

of the splint is to hold the limb steady and to prevent the ends of the broken bone from rubbing together. This is accomplished by stretching the limb gently, as shown in the diagrams.

Shock is an important complication in cases of fractures. Everything should be done to prevent this condition.

If the backbone is fractured, the patient should not be moved, except gently to roll him onto his back. If a dangerous situation makes moving imperative, slide the victim onto a door or other perfectly flat carrier and move with greatest care. This is a serious condition which should have the immediate help of a physician. Unskillful handling may cause the splin-

tered bone to sever the nervous tissue of the spinal cord, which may result in permanent paralysis.

Treatment of Compound Fractures

If a compound fracture occurs, everything possible should be done to get immediate medical care. If the doctor cannot reach the patient within a short while, or the patient must be moved, paint the whole area including the protruding end of the broken bone with half-strength iodine solution using a cotton swab. Then apply a traction splint that will draw the limb as nearly as possible to its natural shape. This will put the bone back into the wound, but the physician will have to clean the bone anyway. Be sure to tell the physician that iodine was applied. Cover with sterile dressing before completing the bandaging.

If arterial bleeding is present, it must be checked by hand pressure between the wound and the heart; if necessary, apply a tourniquet. It is especially imperative that medical aid be obtained as quickly as possible for the treatment of compound fractures.

What to do for Internal Poisoning

Poisoning demands quick action. If the poison can be removed from the stomach before it is absorbed (within ten or twelve minutes after it is swallowed), little harm

usually is done. It is essential that a physician be called immediately but equally vital to the victim's chance of recovery that steps be taken to remove the poison. This is accomplished by inducing vomiting, using one of the following emetics: soapsuds, using ordinary laundry soap; bicarbonate of soda in water, using the household baking soda (never washing soda); or lukewarm, weak mustard water. Give a sufficient quantity of the emetic rapidly, preferably from four to eight glassfuls; then tickle the back of the throat with the finger to induce vomiting.

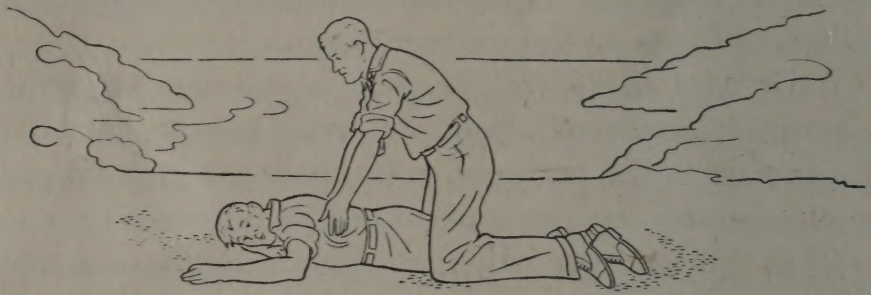
It is wise to repeat the dose to be sure that the stomach is well washed out. After this has been accomplished, give the antidote to the poison if it is known and available, but no time should be wasted trying to obtain the antidote before washing out the stomach. A large dose of Epsom salts, three to four tablespoonfuls in a large glass of water, may safely be given after the stomach is emptied, for this is good after-treatment for poisons.

If the poison is corrosive — an acid, lye, or bichloride of mercury — follow the treatment with a glass of milk or milk and egg. If the patient has symptoms of shock, give stimulants and apply heat.

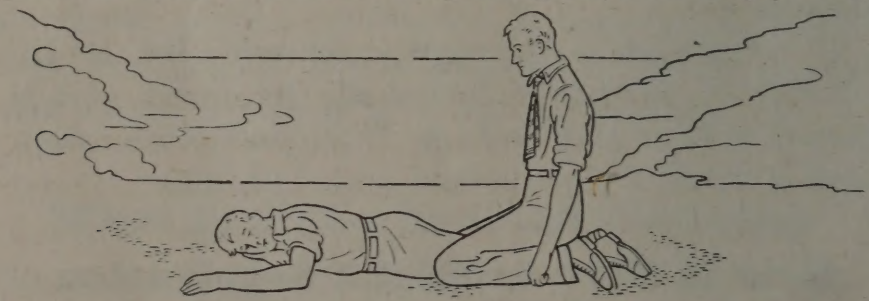
How to Give Artificial Respiration

DROWNING, gas asphyxiation, and electrical shock are the common causes that stop breathing. Death follows

Place the patient on his stomach, one arm bent at the elbow with the face turned sideways and resting on the forearm, so that the nose and mouth are free for breathing. Kneel straddling the patient with knees placed at a distance below the hip which will allow you to assume the position shown.



Press the palms of the hands to the small of the back with fingers placed so that the little finger just touches the lowest rib. Hold the arms stiff and swing forward slowly so that your weight bears down upon the patient. Do not bend your elbows. Count "one-two" slowly during this movement of the body.



Swing backward immediately so as to remove the pressure. After counting "one-two" while resting swing forward again. The series of movements (pressure and release) should be completed in five seconds.

a short time after the breathing ceases, but fortunately breathing may be induced by alternately pressing the chest and releasing pressure. This is called artificial respiration.

Begin at Once — To revive a patient, begin immediately. Do not stop to unloosen the clothing, for delay is serious. While artificial respiration is being given, a helper may loosen tight clothing about the patient's neck and waist; someone should be sent for a blanket to keep the patient warm. When artificial respiration has restored natural breathing, keep the patient lying down. If a physician has not arrived by this time, the patient can be given some stimulant, such as that used in shock.

If possible, the patient should be covered and newspapers or blankets placed underneath him. It is possible to give the treatment through a blanket.

Keep up the artificial respiration if necessary for two or three hours, or until relieved by a physician. Too great pressure may cause injury, so especial care should be taken in practicing artificial respiration.

If the patient is a victim of drowning, there will always be some water in the lungs. It will do no good to roll the body over a barrel, for it will remove only the water from the stomach, and this is unimportant. Fortunately, the pressure in artificial respiration expels any water that may be in the throat and this will not

flow back again into the lungs. The small amount remaining in the lungs will be absorbed.

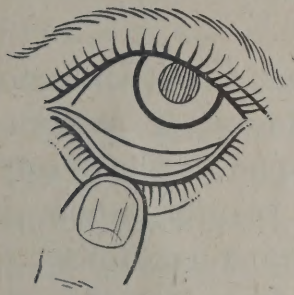
If a victim of gas poisoning is found still in a gas-filled place, do not attempt to rescue him until you have protected yourself with a mask equipped with a breathing apparatus. If he can be rescued so quickly that a deep breath will last, well and good; but a handkerchief tied about the mouth is of no value. Get the victim as quickly as possible into a room free from gas, not necessarily out-of-doors. Start artificial respiration at once and continue until normal breathing is restored or until someone comes with an inhalator to relieve you.

Care of Other Emergencies

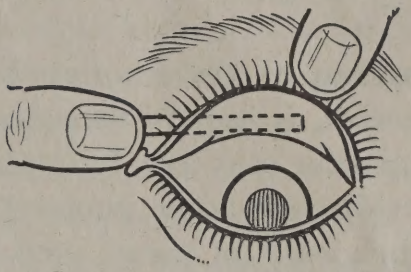
Eye Irritation — If grit or another irritating substance gets into the eye, the eye should not be rubbed. Try blinking the eyelid; it may help to cause the tears to flow and wash the eye. If the substance remains, the upper eyelid may be pulled away from the eye and pulled down over the lower lid; it will often improve the chances of the tears washing the foreign object into the corner of the eye.

If this is not successful, the lower eyelid should be studied first. If the object can be seen on the mucous surface, it may be removed with a corner of a clean handkerchief or a bit of sterile dressing. If the upper

eyelid is to be inspected, a pencil point or a match should be placed at about the middle of the lid. Then, grasping the lashes with the fingers, the lid should be doubled over the match. If the particle is seen, it may then be removed with the clean cloth.



Pulling down from the lower lid pulls it away from the eyeball and exposes the inner surface.



The upper lid drawn up over the match will remain exposed while the surface is examined.

If the particle is found to be imbedded in the tissue of the eyelid or in the eyeball itself, no attempt should be made to remove it. Instead, a drop or two of sweet oil may be placed in the eye, and the eye covered with a clean compress while the patient is taken to a physician.

Nose Bleed — If bleeding is severe and continuous, it may be stopped by having the patient sit with his head thrown back, the clothing about the neck loosened, with a cold, wet cloth over the nose and at the back of the neck. Pressing up firmly against the

side bones of the nose may stop the bleeding and give an opportunity for a clot to form. This pressure must be applied for at least five minutes. If the bleeding does not stop, call a physician, and while waiting for him pack sterile gauze into the nostril, allowing the end to hang.

Fainting — An emotional upset, like terror, grief, or horror, is usually the cause of fainting; sometimes indigestion may be. It is almost never the result of heart disease. Some people faint readily, others only as the result of some overwhelming condition, like extreme pain or great exhaustion from lack of food.

Usually one faints because the blood is withdrawn from the brain and collects somewhere in the abdominal blood vessels. The face looks pale and the pulse becomes weak. If these symptoms are noticed early, fainting can usually be prevented by bending the seated patient over, pressing his head as near as possible to his knees.

If the patient has already fainted, the remedy is to lay him on his back and to stimulate the circulation by rubbing the arms and legs, always toward the heart. It helps to apply heat to the soles of the feet. A return to consciousness may be stimulated by the inhalation of smelling salts or aromatic spirits of ammonia. As soon as he is conscious, the patient may be given a scant teaspoonful of aromatic spirits of

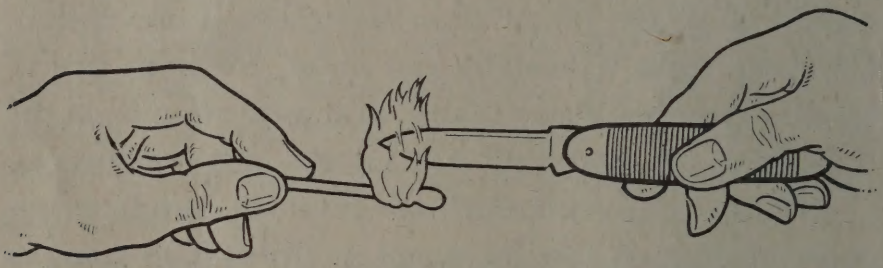
ammonia in a glass of water, or a cup of hot coffee or tea.

Sunstroke and Heat Exhaustion — LONG exposure to the intense rays of the sun is the cause of sunstroke. A similar condition may result from heat indoors. The victim of sunstroke becomes unconscious; the skin is dry and hot, the face flushed, the pulse fast and strong, the breathing labored.

The best treatment is cold applied in any way possible. The patient can be given a cold sponge bath, and as soon as consciousness returns, he should be given cold drinks sipped in small quantities at a time. Bits of ice held in the mouth also help, but no stimulants should be given. Better than treatment is prevention. Clothing, light in weight and color, frequent sips of small quantities of cool water, and protection from the intense rays of the bright sun are the best preventives.

As heat exhaustion does not result in complete unconsciousness, it usually is not so difficult to treat as sunstroke. The face is pale, the pulse becomes feeble, the skin is cool, and the body is covered with a clammy sweat. The patient should be put to rest and given stimulants as in the treatment for shock. But no cold should be applied externally, for this keeps the blood away from the surface of the body and will aggravate the symptoms.

Dog Bites — ALL puncture wounds, whether made by dogs' teeth or pointed instruments, are serious because infectious matter may get deeply into the flesh. Bleeding usually is not profuse from such wounds, and often they heal quickly on the surface. If germs of tetanus (lockjaw) are introduced, the surface healing may keep out the air so that this fatal condition may develop. All puncture wounds should be encouraged to bleed as long as they will, and if necessary the wound should be opened by cutting with a sharp knife after the blade has been passed through a flame to sterilize it. When the bleeding has continued for some time, iodine solution and a sterile compress should be applied.



Before using a knife or needle to open the skin, always hold the blade in the flame of a match (or gas burner) to kill the germs that may be on it. Flame the blade as long as the match burns. Dipping the blade in iodine solution is the next best thing.

If there is any possibility of rabies in the dog that bit the patient, the wound should be thoroughly cauterized with fuming nitric acid. No ordinary antiseptic

is of any value against rabies virus and a physician should be called to apply the cautery. Every dog in which there is any suspicion of rabies should be penned up and watched closely for two weeks. If no definite signs of rabies develop in that time, the danger of hydrophobia may be considered over. If the dog becomes sick, it should be killed without injuring the head, and this should be sent to a health department laboratory for examination. Pasteur treatment should be given by the family physician. This is imperative.

Snake Bite — If one is bitten on the hand or leg by a poisonous snake, such as a rattlesnake, copperhead, or moccasin, a tourniquet should be applied immediately on the side toward the heart in order to delay the absorption of the poison and to increase the venous pressure which assists in washing out the poison. Crossed incisions should be made with a sharp knife (the blade first passed through a flame to sterilize the steel) over each fang mark. Suction should be applied for at least half an hour. If this is carried out thoroughly, very little additional treatment is needed, but if the swelling should extend, new incisions must be made at the top of the swelling and suction applied to them.

As in other cases, it is advisable to release the tourniquet every quarter hour. A physician should be called, and if the right anti-venom serum is available

it should be administered. Permanganate of potash solution applied to the bite is not advised and similar local treatments are of doubtful value. Snake venom is harmless in the mouth, so it may be sucked from the wound and expectorated immediately.

Do not run and do not take alcoholic stimulants of any kind, because this serves to increase the circulation and distribute the poison more rapidly.

Don't use permanganate of potash solution, home remedies, or attempt to cauterize the bite with strong acids or caustics. Instead, do these things:

Apply a tourniquet, cut the wound and apply suction for at least a half hour.

If the proper anti-venom serum is available, have it administered by a physician at the earliest possible moment, but the most important factor in treatment is the removal of as much of the venom as possible by the method indicated.

First Aid Kit

First Aid Kit — THE first aid kit should contain the following articles:

Sterile gauze squares in individual packages.

Rolls of sterile gauze in individual packages, assorted widths.

Bandage material.

Iodine, 3½ per cent solution, in glass-stoppered bottle.

Tannic acid (to make fresh 5 per cent solution).

Burn ointment, such as a mixture of vaseline and bicarbonate of soda, carron oil or boric acid ointment.

Aromatic spirits of ammonia.

Material for a tourniquet.

Scissors and splinter forceps.

Mineral oil (for use in eyes).

In addition to these articles, such drugs as Epsom salts, bicarbonate of soda, mineral oil, calamine lotion, all of which can be purchased at any drug store, belong in the home first aid cabinet. Rubber hot water bottles should be available.

First aid material for the home should not be scattered about, but should be kept in a special container near or in the medicine cabinet.

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